Fill in this information to identify your of	case:
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA	
Case number (if known):	Chapter you are filing under: ✓ Chapter 7 ─ Chapter 11 ─ Chapter 12 ─ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	William First Name	Jennifer First Name
	identification (for example, your driver's license or	S.	A.
	passport).	Middle Name	Middle Name
	,,,	Martin	Martin
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of		
	your Social Security	xxx - xx - 2 8 6 7	xxx - xx - 3 2 3 8
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

	otor 1 otor 2	William S. Martin Jennifer A. Martin		Case number (if known)
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	•	usiness names	✓ I have not used any business names or E	INs.
		nployer ication Numbers		Bead Girlz Boutique
(EIN)		ou have used in	Business name	Business name
	the last 8 years Include trade names and doing business as names		Business name	Business name
			Business name	Business name
			EIN	EIN
			<u></u>	- <u> </u>
5.	Where	you live		If Debtor 2 lives at a different address:
			936 Whitening Ln.	
			Number Street	Number Street
			-	
			College Station TX 77845	
			City State ZIP Code	City State ZIP Code
			Brazos County	County
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
			Number Street	Number Street
			P.O. Box	P.O. Box
			City State ZIP Code	City State ZIP Code
6.		ou are choosing	Check one:	Check one:
	this di	strict to file for uptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
Р	art 2:	Tell the Court Ab	out Your Bankruptcy Case	
7.	Bankrı	napter of the uptcy Code you	Check one: (For a brief description of each, see for Bankruptcy (Form 2010)). Also, go to the top	Notice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.
	are che under	oosing to file	Chapter 7	
			Chapter 11	
			Chapter 12	
			Chapter 13	

	william S. Martin Jennifer A. Martin			_ Case number (if ki	nown)			
8. How you will pay the fee		,	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					
			I need to pay the fee in installments. Individuals to Pay The Filing Fee in Ins	•				
		1	I request that my fee be waived (You By law, a judge may, but is not required than 150% of the official poverty line the fee in installments). If you choose this Filing Fee Waived (Official Form 103B)	I to, waive your fee, and at applies to your family option, you must fill out t	may do so only if your income is less size and you are unable to pay the he Application to Have the Chapter 7			
9.	Have you filed for bankruptcy within the		No					
	last 8 years?		Yes.					
		Distri	ct	When	Case number			
		Diotri	ct					
		Distri	Ci	MM / DD	Case number			
		Distri	ct	When	Case number			
10	Are any bankruptcy		No	MIM / DD	/ TTTT			
	cases pending or being							
	filed by a spouse who is not filing this case with		Yes.					
	you, or by a business	Debto			ationship to you			
	partner, or by an affiliate?	Distri	ct		Case number, if known			
		Debto	or	Rel	ationship to you			
		Distri	ct	When MM / DD	Case number,			
11.	Do you rent your residence?		No. Go to line 12. Yes. Has your landlord obtained an e	viction judgment against	you?			
			No. Go to line 12.☐ Yes. Fill out Initial Stateme and file it as part of this bar		gment Against You (Form 101A)			

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	tor 1 tor 2	William S. Martin Jennifer A. Martin			Case numbe	er (if known)		
Pa	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as a Sole Proprietor			
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of business			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				Bead Girlz Boutique Name of business, if any 836 Whitening Ln. Number Street			
					College Station	TX	7784	5
	-	ave more than one			City	State	ZIP Co	
		oprietorship, use a te sheet and attach it			Check the appropriate box to describe your busines	ss:		
	to this p	petition.			 ☐ Health Care Business (as defined in 11 U.S.C. ☐ Single Asset Real Estate (as defined in 11 U.S.C. ☐ Stockbroker (as defined in 11 U.S.C. § 101(53) ☐ Commodity Broker (as defined in 11 U.S.C. § 101(53) ☑ None of the above 	S.C. § 101(51B))		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		can	set ap st rece	filing under Chapter 11, the court must know whether opropriate deadlines. If you indicate that you are a sn nt balance sheet, statement of operations, cash-flow f these documents do not exist, follow the procedure	nall business del statement, and f	otor, you ederal in	must attach your come tax return
	debtor	,	$\overline{\mathbf{V}}$	No.	I am not filing under Chapter 11.			
		efinition of small		No.	I am filing under Chapter 11, but I am NOT a small the Bankruptcy Code.	business debtor	accordin	g to the definition in
		C. § 101(51D).		Yes.	I am filing under Chapter 11 and I am a small busin Bankruptcy Code.	ess debtor accor	rding to t	he definition in the
Pa	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous Property or Any Prope	rty That Need	ds Imm	ediate Attention
14.	proper alleged immine	ty that poses or is It to pose a threat of ent and identifiable		No Yes.	What is the hazard?			
	safety?	to public health or ? Or do you own operty that needs iate attention?			If immediate attention is needed, why is it needed?			
	perisha livestoo	ample, do you own ble goods, or ck that must be fed, or ing that needs urgent ?			Where is the property?			
					City		State	ZIP Code

Debtor 1 William S. Martin

Debtor 2 Jennifer A. Martin Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. **About Debtor 1:**

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not require credit counseling	d to receive a briefing about g because of:
☐ Incapacity.	I have a mental illness or a men

apacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing	about
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

		William S. Martin Jennifer A. Martin	Case number (if known)							n)
P	art 6:	Answer These Q	uesti	ions f	or Re	eporting Pu	ırpos	ses		
16.	What ki have?	ind of debts do you	16a.		ncurre No. G	-	-	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b.		ey for a	-	-	iness debts? Business debi ment or through the operation		debts that you incurred to obtain e business or investment.
			16c.	State	e the ty	pe of debts y	ou ow	e that are not consumer or bu	sines	s debts.
17.	Are you Chapte	u filing under r 7?		No.	I am r	not filing under	r Chap	ter 7. Go to line 18.		
	any exe exclude adminis are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?		Yes.	admin	•		•	-	xempt property is excluded and to distribute to unsecured creditors?
18.		any creditors do iimate that you		1-49 50-99 100-19 200-99				1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you te your assets to th?		\$100,0	01-\$10 001-\$5	0,000 00,000 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you e your liabilities to		\$100,0	01-\$10 001-\$5	0,000 00,000 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1 Debtor 2	William S. Martin Jennifer A. Martin	Ca	se number (if known)			
Part 7:	Sign Below					
For you	-	I have examined this petition, and I declare under per and correct.	nalty of perjury that the information provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agre fill out this document, I have obtained and read the no				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		I understand making a false statement, concealing pr connection with a bankruptcy case can result in fines or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
		X /s/ William S. Martin William S. Martin, Debtor 1	X /s/ Jennifer A. Martin Jennifer A. Martin, Debtor 2			

Executed on 06/20/2019

MM / DD / YYYY

Executed on **06/20/2019**

MM / DD / YYYY

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Debtor 1 Debtor 2	William S. Martin Jennifer A. Martin		Case number (if know	n)					
For your a represente	ttorney, if you are ed by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to							
If you are not represented by an attorney, you do not need to file this page.		the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.							
		X /s/ Frank Steelman	Date	06/20/2019 MM / DD / YYYY					
		Signature of Attorney for Debtor		MIMI / DD / YYYY					
		Frank Steelman							
		Printed name							
		Frank Steelman, Attorney at Lav	N						
		Firm Name							
		1810 Greenfield Plaza							
		Number Street							
		Bryan	TX	77802					
		City	State	ZIP Code					
		Contact phone (979) 260-9774	Email address fsstee	elman@suddenlinkmail.com					
		19109000	TX	_					
		Bar number	State	_					

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Debtor 1	William	S.	Martin	_	
	First Name	Middle Name	Last Name		
Debtor 2	Jennifer	Α.	Martin	_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for	r the: MIDDLE DIS	TRICT OF FLORIDA	_	
Case number				☐ Chack	if this is an
(if known)				_	led filing
Official Form	106A/B				
Schedule A		y			12/15
	scribe Each R	Residence, Build	ling, Land, or Other Rea	ıl Estate You Own or Have	e an Interest In
Part 1: De Do you own No. Go	or have any legal to Part 2.	l or equitable intere	ling, Land, or Other Rea	I Estate You Own or Have	e an Interest In
Do you own ☐ No. Go ☑ Yes. Wh	or have any lega	I or equitable intere	est in any residence, building	, land, or similar property?	
Part 1: De Do you own No. Go Yes. Wh	or have any legal to Part 2. nere is the propert	I or equitable intere		, land, or similar property? Do not deduct secured clai amount of any secured cla	ims or exemptions. Put th ims on <i>Schedule D:</i>
Part 1: De Do you own No. Go Yes. Wh 1.1. 1470 Merion Dri	or have any legal to Part 2. nere is the propert	ty? What is Check a	the property? all that apply. gle-family home	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim	ims or exemptions. Put th ims on <i>Schedule D:</i> is <i>Secured by Property.</i>
Part 1: De Do you own No. Go Yes. Wh 1.1. 1470 Merion Dri	or have any legal to Part 2. nere is the propert	I or equitable intere	the property? all that apply. gle-family home olex or multi-unit building	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim	ims or exemptions. Put th ims on <i>Schedule D:</i> is <i>Secured by Property.</i> Current value of the
Part 1: De Do you own No. Go Yes. Wh 1.1. 1470 Merion Dri Street address, if avail	or have any legal to Part 2. here is the propert ive able, or other descrip	What is Check a Stion Dup	the property? all that apply. gle-family home	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim	ims or exemptions. Put th ims on <i>Schedule D:</i> is <i>Secured by Property.</i>
Part 1: De Do you own No. Go	or have any legal to Part 2. here is the propert ve able, or other descrip	What is Check a Dup Con Code	the property? all that apply. gle-family home blex or multi-unit building adominium or cooperative bufactured or mobile home d	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$250,000.00	ims or exemptions. Put th ims on Schedule D: is Secured by Property. Current value of the portion you own? \$250,000.00
Part 1: De Do you own No. Go Yes. Wh 1. 470 Merion Dri Greet address, if avail	or have any legal to Part 2. here is the propert ve able, or other descrip	What is Check a Dup Con Con Mar Code Lan-	the property? all that apply. gle-family home blex or multi-unit building adominium or cooperative bufactured or mobile home d estment property	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$250,000.00 Describe the nature of you	ims or exemptions. Put th ims on Schedule D: is Secured by Property. Current value of the portion you own? \$250,000.00
Part 1: De Do you own No. Go Yes. Wh 1. 470 Merion Dri Treet address, if avail Mt. Dora City Lake	or have any legal to Part 2. here is the propert ve able, or other descrip	What is Check a Dup Con Con Mar Code Lan-	the property? all that apply. gle-family home oldex or multi-unit building adominium or cooperative aufactured or mobile home d estment property eshare	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$250,000.00	ims or exemptions. Put th ims on Schedule D: is Secured by Property. Current value of the portion you own? \$250,000.00 our ownership ple, tenancy by the
Part 1: De Do you own No. Go Yes. Wh A70 Merion Dri Breet address, if avail	or have any legal to Part 2. here is the propert ve able, or other descrip	What is Check a Sing Con	the property? all that apply. gle-family home blex or multi-unit building adominium or cooperative nufactured or mobile home d estment property eshare er	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$250,000.00 Describe the nature of your interest (such as fee simple entireties, or a life estate)	ims or exemptions. Put the ims on Schedule D: is Secured by Property. Current value of the portion you own? \$250,000.00 our ownership ple, tenancy by the
Part 1: De Do you own No. Go Yes. Wh 1. 470 Merion Dri Street address, if avail Mt. Dora City Lake County Home at 1470 M	or have any legal to Part 2. here is the propert ve able, or other descrip FL 32 State ZIP	What is Check a Sing Con	the property? all that apply. gle-family home blex or multi-unit building adominium or cooperative nufactured or mobile home d estment property eshare er s an interest in the property?	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$250,000.00 Describe the nature of your interest (such as fee simple entireties, or a life estate)	ims or exemptions. Put the ims on Schedule D: is Secured by Property. Current value of the portion you own? \$250,000.00 our ownership ple, tenancy by the
Part 1: De Do you own No. Go Yes. Wh A70 Merion Dri Street address, if avail	or have any legal to Part 2. here is the propert ve able, or other descrip FL 32 State ZIP	What is Check a Sing Dup Con Inverse Inverse Check of Che	the property? all that apply. gle-family home blex or multi-unit building adominium or cooperative aufactured or mobile home d estment property eshare er s an interest in the property? one. otor 1 only	Do not deduct secured clair amount of any secured clair Current value of the entire property? \$250,000.00 Describe the nature of your interest (such as fee simple entireties, or a life estate) Homestead Check if this is communications.	ims or exemptions. Put the ims on Schedule D: is Secured by Property. Current value of the portion you own? \$250,000.00 our ownership ple, tenancy by the lo, if known.
Part 1: De Do you own No. Go Yes. Wh 1. 470 Merion Dri treet address, if avail Mt. Dora Sity Lake County Home at 1470 M	or have any legal to Part 2. here is the propert ve able, or other descrip FL 32 State ZIP	What is Check a Sing Con	the property? all that apply. gle-family home blex or multi-unit building adominium or cooperative aufactured or mobile home d astment property eshare er s an interest in the property? one. otor 1 only otor 2 only	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$250,000.00 Describe the nature of your interest (such as fee simple entireties, or a life estate). Homestead	ims or exemptions. Put the ims on Schedule D: is Secured by Property. Current value of the portion you own? \$250,000.00 our ownership ple, tenancy by the lo, if known.
Part 1: De Do you own No. Go Yes. Wh 1. 470 Merion Dri Street address, if avail Mt. Dora City Lake County Home at 1470 M	or have any legal to Part 2. here is the propert ve able, or other descrip FL 32 State ZIP	What is Check a Sing Conde Con	the property? all that apply. gle-family home blex or multi-unit building adominium or cooperative aufactured or mobile home d estment property eshare er s an interest in the property? one. otor 1 only	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$250,000.00 Describe the nature of your interest (such as fee simple entireties, or a life estate). Homestead Check if this is comme (see instructions)	ims or exemptions. Put the ims on Schedule D: is Secured by Property. Current value of the portion you own? \$250,000.00 our ownership ple, tenancy by the lo, if known.

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Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone clied drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Uhexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No	Debte Debte		m S. M fer A. M		с	ase number (if known)	
No Yes Sadona Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Sadona Debtor 2 only Debtor 2 only Salona Debtor 2 only Debtor 2 only Salona Debtor 2 only Salona S	Pa	rt 2: Des	cribe `	Your Vehicles			
No	you c	own that someo	ne else	drives. If you lease	e a vehicle, also report it on Schedule G: Ex	_	-
Make: Kia		□ No	icks, tra	actors, sport utility	vehicles, motorcycles		
Debtor 2 only Debtor 2 only Station St	Make			ona	Check one.	amount of any secured claim	ims on Schedule D:
Approximate mileage: 56,000					Debtor 2 only		
2015 Kia Sedona (approx. 56,000	Appr	oximate mileage	e: 56, 0	000	_	er \$14,100.00	\$14,100.00
Make: Nissan	2015	Kia Sedona	(appro	ox. 56,000		,	
Year: 2018 Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Poperation you own?	-	e :	Nis	san	Check one.	amount of any secured claim	ims on Schedule D:
Part 3: Describe Your Personal and Household Items Describe Your Personal and Household Items Describe Your Personal and Household Items Current value of the portion you own? Stanples: Major appliances, furniture, linens, china, kitchenware No Yes. Describe	Mode	el:			. _		
Other information: 2018 Nissan Murano (approx. 42,000							
2018 Nissan Murano (approx. 42,000		•	e: 42,0	000	At least one of the debtors and another	er \$21,300.00	\$21,300.00
4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes 1. No Yes 1. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here	2018	3 Nissan Mura	ano (a _l	oprox. 42,000		,	
Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No Yes. Describe unknown nothing was written in. \$900.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		Examples: Boa ✓ No					
Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No Yes. Describe unknown nothing was written in. \$900.00 T. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games							\$35,400.00
Do you own or have any legal or equitable interest in any of the following items? Do not deduct secured claims or exemptions.	Pa	rt 3: Des	cribe `	Your Personal	and Household Items	'	
Examples: Major appliances, furniture, linens, china, kitchenware No Yes. Describe unknown nothing was written in. \$900.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No	Do y	ou own or hav	e any le	egal or equitable ir	nterest in any of the following items?		portion you own? Do not deduct secured
Yes. Describe unknown nothing was written in. 5900.00 Flectronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No		Examples: Maj		_	ens, china, kitchenware		
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No		ш	ribe	unknown nothir	ng was written in.		\$900.00
		Examples: Tele					_
		ш	ribe	3 Tv's, 1 compu	ter		\$300.00

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	tor 1 tor 2	William S. Martin Jennifer A. Martin Case number (if known)	
200	.0. 2	Jennifer A. Martin Case number (if known)	
8.		bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No	. Describe	
9.		nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	□ No ✓ Yes	. Describe 2 kids bikes	\$75.00
10.	Firearn Example	es: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes	. Describe	
11.	Clothes Example	es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
		. Describe Pants, shirts, shorts, socks	\$200.00
12.	Jewelry Example	es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	☐ No ✓ Yes	. Describe 2 wedding rings	\$500.00
13.		m animals es: Dogs, cats, birds, horses	
	☐ No ✓ Yes	. Describe 1 dog	\$10.00
14.	Any otl	ner personal and household items you did not already list, including any health aids you list	
		. Give specific	
	IIIIC	rmation	
15.		e dollar value of all of your entries from Part 3, including any entries for pages you have d for Part 3. Write the number here	\$1,985.00
P	art 4:	Describe Your Financial Assets	
Do	ou own	or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
	✓ No ☐ Yes	Cash:	

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	otor 1 William S. Martin Jennifer A. Martin		Case number (if known)	
17.		or other financial accounts; certificates and other similar institutions. If you ha		
	□ No ☑ Yes	Institution name:		
	17.1. Checking account:	Checking account Regions bank		\$262.44
	17.2. Checking account:	Checking account Regions Bank		\$400.00
	17.3. Savings account:	Savings account Social Security Disability o	only	\$45,000.00
18.	Bonds, mutual funds, or public Examples: Bond funds, investm ✓ No ✓ YesInst	ent accounts with brokerage firms, mo	oney market accounts	
19.	an interest in an LLC, partners ✓ No ✓ Yes. Give specific information about	interests in incorporated and uninc ship, and joint venture ne of entity:	orporated businesses, including % of ownership:	
20.	Negotiable instruments include Non-negotiable instruments are ✓ No ✓ Yes. Give specific information about	nds and other negotiable and non-no personal checks, cashiers' checks, pro those you cannot transfer to someone uer name:	omissory notes, and money orders.	
21.	Retirement or pension account Examples: Interests in IRA, ERI profit-sharing plans No Yes. List each	ts SA, Keogh, 401(k), 403(b), thrift savin	gs accounts, or other pension or	
22.	account separately. Type Security deposits and prepayr Your share of all unused deposit	ts you have made so that you may cor	ntinue service or use from a company ectric, gas, water), telecommunications	
23.	No ☐ Yes Annuities (A contract for a spe ☐ No ☐ Yes		vidual: u, either for life or for a number of years)	

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	tor 1 tor 2	William S. Martin Jennifer A. Martin	Case number (if knowr	າ)	
24.		ts in an education IRA, in C. §§ 530(b)(1), 529A(b), a	an account in a qualified ABLE program, or under a qualified state and 529(b)(1).	tuition prog	gram.
	✓ No ☐ Yes	s Institu	tion name and description. Separately file the records of any interests.	11 U.S.C. §	§ 521(c)
25.	powers	equitable or future interest exercisable for your ber	ests in property (other than anything listed in line 1), and rights or lefit		
		s. Give specific ormation about them		-	
26.	Exampl		, trade secrets, and other intellectual property; s, websites, proceeds from royalties and licensing agreements		
		s. Give specific ormation about them		-	
27.	Exampl	es, franchises, and other les: Building permits, exclu	general intangibles sive licenses, cooperative association holdings, liquor licenses, professi	ional licens	es
		s. Give specific ormation about them		-	
Mor	ney or pı	roperty owed to you?		 	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you			
	abo you	s. Give specific information but them, including whether already filed the returns I the tax years		Federal: State: Local:	
29.	Exampl	support les: Past due or lump sum	alimony, spousal support, child support, maintenance, divorce settlemer	nt, property	settlement
	✓ No	s. Give specific information	Alimony:	_	
			Maintena	ince:	
			Support:	-	
				settlement: _	
				settlement:	
30.			rou ty insurance payments, disability benefits, sick pay, vacation pay, worke Security benefits; unpaid loans you made to someone else	rs'	
	✓ No ☐ Yes	s. Give specific information		-	

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	tor 1 tor 2	William S. Jennifer A				_ Case number (if ki	nown)	
31.	Examp	ts in insuran les: Health, d	•	insurance; health sa	vings account (HSA);	credit, homeowner's, or	renter's insura	nce
	cor	s. Name the inpany of each	n policy	ompany name:		Beneficiary:	Sı	urrender or refund value:
32.	If you a	re the benefic	ciary of a living	e you from someon trust, expect proceed someone has died		e policy, or are currently		
	✓ No ☐ Yes	s. Give speci	fic information]
33.	Examp	_		-	e filed a lawsuit or ma	ade a demand for paym	nent	
	✓ No ☐ Yes	s. Describe e	ach claim					
34.	rights t	ontingent ar o set off clai		I claims of every na	ture, including coun	terclaims of the debtor	and	
	<u> </u>	s. Describe e	ach claim					
35.	Any fin	ancial assets	s you did not a	Iready list				
	✓ No ☐ Yes	s. Give speci	fic information					
36.						es for pages you have	→	\$45,662.44
P	art 5:	Describe /	Any Busines	ss-Related Prop	erty You Own or	Have an Interest Ir	n. List any	real estate in Part 1
37.	Do you	own or have	any legal or e	equitable interest in	any business-relate	d property?		
		Go to Part 6						
								Current value of the portion you own? Do not deduct secured
38.	Accour	nts receivabl	e or commissi	ons you already ea	rned			claims or exemptions.
	✓ No ☐ Yes	s. Describe]
39.		es: Business	urnishings, and related computationairs, electronic	ters, software, mode	ms, printers, copiers,	fax machines, rugs, tele	phones,	
	□ No ☑ Yes	s. Describe	1 computer/	printer, 1 desk an	nd 1 chair			\$250.00
40.	Machin	ery, fixtures	, equipment, s	upplies you use in l	business, and tools o	of your trade		ı
	☐ No ✓ Yes	s. Describe	8- Metal Rad	cks for supplies				\$150.00
			L					I

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Deb Deb	tor 1 tor 2	William S. Martin Jennifer A. Martin Case number (if known)	
41.	Invento	ry	
	□ No ☑ Yes	. Describe Jewelry Beads	\$3,500.00
42.	Interest	s in partnerships or joint ventures	
	✓ No ☐ Yes	. Describe Name of entity: % of ownership:	
43.	Custom	er lists, mailing lists, or other compilations	
	✓ No ☐ Yes	. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
		Yes. Describe	
44.	Any bus	siness-related property you did not already list	
	✓ No ☐ Yes	. Give specific information.	
45.	Add the	dollar value of all of your entries from Part 5, including any entries for pages you have	\$3,900.00
46.	Do you No.	f you own or have an interest in farmland, list it in Part 1. own or have any legal or equitable interest in any farm- or commercial fishing-related property? Go to Part 7. Go to line 47.	
47.	Farm ar		Current value of the portion you own? Do not deduct secured claims or exemptions.
		es: Livestock, poultry, farm-raised fish	
	✓ No ☐ Yes		
48.	Crops	either growing or harvested	
	_	. Give specific	
49.	Farm ar	nd fishing equipment, implements, machinery, fixtures, and tools of trade	
	☑ No		
	☐ Yes		
50.	Farm ar	nd fishing supplies, chemicals, and feed	
	✓ No ☐ Yes		

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	otor 1 otor 2	William S. Martin Jennifer A. Martin		Case	number (if known)			
51.	Any far	m- and commercial fishing	g-related property you did n	ot already list				
		s. Give specific]—	
52.			entries from Part 6, includi mber here			→		\$0.00
Pa	art 7:	Describe All Property	You Own or Have an I	nterest in That You	Did Not List A	bove	<u> </u>	
53.	-	have other property of an es: Season tickets, country	y kind you did not already li club membership	st?				
	☑ No □ Yes	s. Give specific information.						
54.	Add the	e dollar value of all of your	entries from Part 7. Write t	hat number here		→		\$0.00
Pa	art 8:	List the Totals of Eac	h Part of this Form					
55.	Part 1:	Total real estate, line 2				≯		\$250,000.00
56.	Part 2:	Total vehicles, line 5		\$35,400.00	_			
57.	Part 3:	Total personal and housel	hold items, line 15	\$1,985.00	_			
58.	Part 4:	Total financial assets, line	: 36	\$45,662.44	_			
59.	Part 5:	Total business-related pro	operty, line 45	\$3,900.00	_			
60.	Part 6:	Total farm- and fishing-rel	ated property, line 52	\$0.00	_			
61.	Part 7:	Total other property not lis	sted, line 54	+\$0.00	-			
62.	Total p	ersonal property. Add lin	es 56 through 61	\$86,947.44	Copy personal property total	→	+	\$86,947.44
63.	Total o	f all property on Schedule	A/B. Add line 55 + line 62.					\$336,947.44

	formation to i	dentify your	case:			
Debtor 1	William	S.	Martin			
	First Name	Middle Name	e Last Name			
Debtor 2 (Spouse, if filing)	Jennifer) First Name	A. Middle Name	Martin e Last Name			
1		or the: MIDDLE	DISTRICT OF FLO	RIDA	,	
Case number (if known)						☐ Check if this is an amended filing
Official Form	106C					
Schedule C	: The Prope	erty You Cl	aim as Exem _l	pt		04/19
Using the property	you listed on <i>Scl</i> fill out and attach t	<i>hedule A/B: Prop</i> to this page as m	erty (Official Form 10	6A/B) as your source, list th	esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages,
is to state a spec exempted up to the receive certain be exemption of 100	ific dollar amoun he amount of any enefits, and tax-e % of fair market	at as exempt. Al y applicable stat exempt retirement value under a la	ternatively, you may tutory limit. Some ex nt fundsmay be un w that limits the exe	/ claii xemp limite empti	m the full fair market stionssuch as those ed in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
Part 1: Ide	entify the Prop	perty You Cla	aim as Exempt			
1. Which set of	exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.
سخا	•		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U	.S.C. § 522(b)(3)	
2. For any prop	erty you list on S	Schedule A/B th	at you claim as exe	mpt, i	fill in the information	below.
2. For any prop Brief description Schedule A/B tha	of the property a	and line on	nat you claim as exer Current value of the portion you own	Am	fill in the information ount of the emption you claim	below. Specific laws that allow exemption
Brief description	of the property a	and line on	Current value of the portion you	Am exe	ount of the emption you claim	
Brief description Schedule A/B tha	of the property a	and line on	Current value of the portion you own Copy the value from Schedule A/B	Am exe	ount of the emption you claim eck only one box for the exemption	Specific laws that allow exemption
Brief description	of the property a t lists this prope	and line on rty	Current value of the portion you own Copy the value from	Am exe	ount of the imption you claim eck only one box for	
Brief description Schedule A/B tha	of the property a t lists this prope	and line on rty	Current value of the portion you own Copy the value from Schedule A/B	Am exe	ount of the emption you claim eck only one box for the exemption \$17.00	Specific laws that allow exemption
Brief description: Brief description: 2015 Kia Sedon Line from Schedul Brief description:	of the property a t lists this property a t lists this property and the first thin pro	and line on rty 000 miles)	Current value of the portion you own Copy the value from Schedule A/B	Am exe	ount of the emption you claim eck only one box for the exemption \$17.00 100% of fair market value, up to any applicable statutory	Specific laws that allow exemption
Brief description: 2015 Kia Sedon Line from Schedule Brief description: 2018 Nissan Mu	of the property a t lists this property a t lists this property and the first thin pro	and line on rty 000 miles)	Current value of the portion you own Copy the value from Schedule A/B \$14,100.00	Am exe	ount of the emption you claim eck only one box for the exemption \$17.00 100% of fair market value, up to any applicable statutory limit \$90.00 100% of fair market	Specific laws that allow exemption Fla. Stat. Ann. § 222.25(1)
Brief description: Brief description: 2015 Kia Sedon Line from Schedul Brief description:	of the property a t lists this property a t lists this property as a (approx. 56,0 de A/B:	and line on rty 000 miles)	Current value of the portion you own Copy the value from Schedule A/B \$14,100.00	Am exe	ount of the emption you claim eck only one box for the exemption \$17.00 100% of fair market value, up to any applicable statutory limit \$90.00	Specific laws that allow exemption Fla. Stat. Ann. § 222.25(1)

Debtor 1 William S. Martin

Debtor 2 Jennifer A. Martin Case number (if known)

Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: unknown nothing was written in.	\$900.00	\Box	\$900.00 100% of fair market	Fla. Stat. Ann. § 222.25(4)
Line from Schedule A/B:6			value, up to any applicable statutory limit	
Brief description: 3 Tv's, 1 computer	\$300.00	V	\$300.00 100% of fair market	Fla. Stat. Ann. § 222.25(4)
Line from Schedule A/B: 7			value, up to any applicable statutory limit	
Brief description: 2 kids bikes	\$75.00	\square	\$75.00 100% of fair market	Fla. Stat. Ann. § 222.25(4)
Line from Schedule A/B:9			value, up to any applicable statutory limit	
Brief description: Pants, shirts, shorts, socks	\$200.00	Ø	\$200.00 100% of fair market	Fla. Stat. Ann. § 222.25(4)
Line from Schedule A/B:11			value, up to any applicable statutory limit	
Brief description: 2 wedding rings	\$500.00	Ø	\$500.00 100% of fair market	Fla. Stat. Ann. § 222.25(4)
Line from Schedule A/B: 12			value, up to any applicable statutory limit	
Brief description: 1 dog	\$10.00	<u> </u>	\$10.00 100% of fair market	Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B:13			value, up to any applicable statutory limit	
Brief description: Savings account	\$45,000.00	<u> </u>	\$45,000.00 100% of fair market	42 U.S.C. § 407
Social Security Disability only Line from Schedule A/B:17.3			value, up to any applicable statutory limit	
Brief description: Checking account	\$262.44	\square	\$262.44 100% of fair market	Fla. Stat. Ann. § 222.25(4)
Regions bank Line from Schedule A/B: 17.1			value, up to any applicable statutory limit	
Brief description: Checking account	\$400.00		\$400.00 100% of fair market	Fla. Stat. Ann. § 222.25(4)
Regions Bank Line from Schedule A/B: 17.2			value, up to any applicable statutory limit	

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Debtor 1 Debtor 2	William S. Martin Jennifer A. Martin		Case numbe	r (if known)
Part 2:	Additional Page			
	ription of the property and line on 4/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
	ption: er/printer, 1 desk and 1 chair schedule A/B:39	\$250.00	\$250.00 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
	ption: tacks for supplies schedule A/B:40	\$150.00	\$150.00 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Brief description Brief descri	•	\$3,500.00	\$3,500.00 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)

Fill in this inf	ormation to ider	ntify your case	et			
Debtor 1	William	S.	Martin			
	First Name	Middle Name	Last Name			
Debtor 2	Jennifer	A.	Martin			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	E MIDDLE DIST	RICT OF FLORIDA			
Case number					☐ Check if this is	s an
(if known)					amended filing	
Official Form	106D					
Schedule D:	Creditors W	ho Have Cla	nims Secured b	y Property		12/15
correct information On the top of any 1. Do any credit No. Che Yes. Fill Part 1: Lis 2. List all securation, list the creditor has a	n. If more space is additional pages, w tors have claims sec	needed, copy the rite your name are cured by your product this form to the on below. aims tor has more than r each claim. If me he other creditors	e Additional Page, fill in a case number (if known perty? court with your other solution one secured ore than one in Part 2. As	gether, both are equall tout, number the entri own). medules. You have noth to the column A amount of claim Do not deduct the	es, and attach it to thi	s form.
creditor's nam	e.		-	value of collateral	claim	If any
2.1		Describe the secures the	e property that	\$21,210.00	\$21,300.00	
Bridgecrest Cre Creditor's name 7300 E. Hampton Number Street			ın Murano (approx.			
	Debtor 2 only the debtors and anot	Continge Unliquid. Disputed Nature of lie An agree Statutory Judgmen	ated In. Check all that apply In. Check all that apply In a check all that apply In a check as tax lien, in Int lien from a lawsuit Including a right to offset	/. as mortgage or secured mechanic's lien)	car loan)	
to a community Date debt was inc			obile Lien	0 4 0 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$21,210.00

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Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin		_ Case number (if	known)	
Part 1: Additional Page After listing any entries on sequentially from the previ	- - -	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2 Credit Union Loan Source	Describe the property that secures the claim:	\$14,083.00	\$14,100.00	
Creditor's name PO Box 105388 Number Street	2015 Kia Sedona (approx. 56,000 miles)			
Atlanta GA 30348 City State ZIP Code	As of the date you file, the claim is: Contingent Unliquidated Disputed	Check all that apply.		
Who owes the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☑ Check if this claim relates to a community debt	Nature of lien. Check all that apply. ☐ An agreement you made (such as ☐ Statutory lien (such as tax lien, median) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ Automobile Lien		car loan)	
Date debt was incurred 06/10/2015	_ Last 4 digits of account number	0 0 1 0		
Wells Fargo Home Mortgage Creditor's name Default Document Processing Number Street N9286-01Y, 1000 Blue Gentian Road	Describe the property that secures the claim: 1470 Merion Drive	\$273,178.00	\$250,000.00	\$23,178.00
Eagan MN 55121-7700 City State ZIP Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ At least one of the debtors and another ☑ Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Mortgage	s mortgage or secured echanic's lien)	car loan)	
Date debt was incurred 02/19/2016 want to surrender	_ Last 4 digits of account number	0 3 4 9		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$287,261.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$308,471.00

Fill in this inf	ormation to i	dentify your ca	ase:			
Debtor 1	William	S.	Martin			
	First Name	Middle Name	Last Name			
Debtor 2	Jennifer	A.	Martin			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	or the: MIDDLE DI	ISTRICT OF FLORIDA			
Case number						
(if known)					Check if this is amended filing	
Official Form	106E/F			_		
Schedule E/	F: Creditor	rs Who Have	Unsecured Claims			12/15
If more space is not to this page. On the	eeded, copy the he top of any ad	Part you need, fil Iditional pages, w	claims that are listed in Scheduli Il it out, number the entries in the rite your name and case number ecured Claims	boxes on the left.		
1. Do any credit	tors have priorit	y unsecured claim	ns against you?			
		,				
✓ No. Got Yes.	.0 Fait 2.					
☐ 1C3.						
claim. For each show both price space is claim, list the contract the contract of the contract	ch claim listed, ic prity and nonprior needed for prior other creditors in	dentify what type of rity amounts. As m rity unsecured claim Part 3.	creditor has more than one priority claim it is. If a claim has both priouch as possible, list the claims in ans, fill out the Continuation Page of	rity and nonpriority an Iphabetical order acc Part 1. If more than	nounts, list that coording to the crea	laim here and ditor's name. If
(For an explar	nation of each typ	be of claim, see the	instructions for this form in the ins		D''(N
				Total claim	Priority amount	Nonpriority amount
2.1					amount	amount
Priority Creditor's Nam	e		Last 4 digits of account number		<u>-</u>	
Number Street			When was the debt incurred?		_	
Number Street			As of the data you file the claim	in. Chapte all that an	m lu r	
			As of the date you file, the claim Contingent	is: Check all that ap	piy.	
			Unliquidated			
City	State	ZIP Code	Disputed			
Ony Who incurred the ∈			Type of PRIORITY unsecured cla	nim.		
Debtor 1 only	-Jan. Oncor		Domestic support obligations	annt.		
Debtor 2 only			Taxes and certain other debts	you owe the governr	nent	
Debtor 1 and D	•	4	Claims for death or personal in			
ш	the debtors and		intoxicated			
Chack if this c	claim is for a cor	mmunity dobt	☐ Other. Specify			
ш		illinumity debt	Uniter. Specify			
Is the claim subject		minumity debt	Other. Specify			

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Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)
Part 2: List All of Your NONPRIORIT	Y Unsecured Claims
 Yes List all of your nonpriority unsecured claims If a creditor has more than one nonpriority unsecutive of claim it is. Do not list claims already incl 	claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
Amazon Nonpriority Creditor's Name 4125 Windword Plaza Number Street	\$1,877.00 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
Alpharetta GA 30005 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Credit Card
American Express Nonpriority Creditor's Name PO Box 981540 Number Street	\$3,168.72 Last 4 digits of account number 1 0 0 9 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated \$3,168.72
El Paso City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsec	ured Claims Continuation Page	
After listing any entries on this page, number the previous page.	nem sequentially from the	Total claim
4.3		\$6,337.00
American Express	Last 4 digits of account number 5 9 4 3	
Nonpriority Creditor's Name PO Box 981540	When was the debt incurred? 03/17/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
El Paso TX 79998-1540		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? ✓ No		
✓ No ☐ Yes		
4.4		\$3,749.00
American Express	Last 4 digits of account number0043_	
Nonpriority Creditor's Name PO Box 981540	When was the debt incurred? 02/12/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
El Paso TX 79998-1540		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? No		
Yes		
4.5		\$480.00
Barclays Bank Nonpriority Creditor's Name	Last 4 digits of account number <u>4</u> <u>0</u>	
1007 N. Orange St.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
	☐ Disputed	
Wilmington DE 19801		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Charge	
Is the claim subject to offset? No		
✓ No ☐ Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$528.00
Barclays Bank	Last 4 digits of account number 8 7 5 3	
Nonpriority Creditor's Name	When was the debt incurred? 12/01/2016	
1007 N. Orange St. Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Wilmington DE 19801		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
☐ Check if this claim is for a community debt	Charge	
Is the claim subject to offset?		
✓ No Yes		
4.7		\$4,041.00
Barclays Bank Delaware	Last 4 digits of account number 0 5 7 3	
Nonpriority Creditor's Name P.O Box 8803	When was the debt incurred? 12/11/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
AH: Credit Bureau	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Wilmington DE 19899	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?		
☑ No □ Yes		
4.8		\$268.38
Baylor Scott & White Health-Central TX	Last 4 digits of account number 5 9 3 1	
Nonpriority Creditor's Name Attn: Buisness Office, MS -01-105	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
2401 S. 31st Street	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Temple TX 76508		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Medical Bill	
Is the claim subject to offset?		
☑ No ☐ Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
4.9		\$214.73
Baylor Scott & White Health-Central TX	Last 4 digits of account number 5 9 0 9	
Nonpriority Creditor's Name Attn: Buisness Office, MS -01-105	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
2401 S. 31st Street	_ ☐ Contingent ☐ Unliquidated	
	□ Disputed	
Temple TX 76508 City State ZIP Code	Time of NONDRIORITY uncessured eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	✓ Other. Specify Medical Bill	
Is the claim subject to offset?		
₩ No		
Yes		
4.10		\$3,851.00
Capital One Bank	Last 4 digits of account number	
Nonpriority Creditor's Name P.O Box 85015	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Richmond VA 23285-5075 City State ZIP Code		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	0.04.0	
☑ No		
Yes		
4.11		\$3,851.00
Capital One Bank (USA), N.A.	Last 4 digits of account number 8 4 1 1	
Nonpriority Creditor's Name PO Box 30285	When was the debt incurred? 02/16/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Salt Lake City UT 84130-0285 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No □ Yes		

Debtor 1 Debtor 2	William S. Martin Jennifer A. Martin	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin previous p	g any entries on this page, number the age.	em sequentially from the	Total claim
4.12			\$163.72
	ount Dora	Last 4 digits of account number 4 5 9 2	
Nonpriority C P.O. Box	reditor's Name 176	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		□ Contingent □ Unliquidated	
		— ☐ Disputed	
Mount Do	ora FL 32756 State ZIP Code	Time of NONDDIODITY impossived eleim:	
Who incur	red the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor		Obligations arising out of a separation agreement or divorce	
☐ Debtor Debtor	1 and Debtor 2 only	that you did not report as priority claims	
<u> </u>	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is for a community debt	✓ Other. Specify Charge	
Is the clair	n subject to offset?	· ·	
☑ No			
Yes			
4.13			\$2,096.53
College S	station Medical Center	Last 4 digits of account number 7 5 9 9	
Nonpriority C 1604 Roc	reditor's Name	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		☐ Unliquidated ☐ ☐ Disputed	
College S		— — — — — — — — — — — — — — — — — — —	
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor		that you did not report as priority claims	
	1 and Debtor 2 only tone of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	if this claim is for a community debt		
	n subject to offset?	medicai bili	
√ No	•		
☐ Yes			
4.14			\$215.00
Comenity	Bank/Bealls FL	Last 4 digits of account number 8 8 9 6	Ψ213.00
Nonpriority C	reditor's Name	When was the debt incurred?	
P.O Box 1	Street	As of the date you file, the claim is: Check all that apply.	
		_ Contingent	
		Unliquidated	
Columbu	s OH 43218	Disputed	
City Who incur	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor	red the debt? Check one. 1 only	Student loans	
Debtor		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
	t one of the debtors and another	Other. Specify	
<u> </u>	if this claim is for a community debt	Credit Card	
Is the clair	n subject to offset?		
Yes			

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.15		\$742.00
Comenity Bank/Way Fair	Last 4 digits of account number 1 3 2 9	
Nonpriority Creditor's Name P.O Box 182789	When was the debt incurred? 01/15/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent	
	Disputed	
COlumbus OH 43218 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
No No		
Yes		
4.16		\$2,705.00
Comenity Capital/Overstock	Last 4 digits of account number 8 8 6 2	· · · · · · · · · · · · · · · · · · ·
Nonpriority Creditor's Name P.O. Box 182120	When was the debt incurred? 08/24/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Columbus OH 43218		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Citatge	
✓ No		
Yes		
4.17		\$3,749.31
First Source Advantage, LLC	Last 4 digits of account number 8 0 7 3	Ψο,1 40.01
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 628 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Buffalo NY 14240-0628		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Charge	
Is the claim subject to offset? ✓ No		
Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18		\$0.00
Frank Steelman	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 06/17/2019	
Attorney at Law Number Street	As of the date you file, the claim is: Check all that apply.	
1810 Greenfield Plaza	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Bryan TX 77802		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
☐ Check if this claim is for a community debt	Attorney Fees	
Is the claim subject to offset?		
☑ No □ Yes		
4.19		\$4,375.51
Frontline Asst Stratagies LLC	Last 4 digits of account number 0 7 4 8	
Nonpriority Creditor's Name	When was the debt incurred?	
2700 Snelling Ave N. Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Roseville MN 55113	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	Collecting for -	
Is the claim subject to offset?	•	
☑ No		
Yes		
4.20		\$225.00
Gold Key Credit	Last 4 digits of account number	Ψ223.00
Nonpriority Creditor's Name	When was the debt incurred?	
P.O box 15670	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Brooksville FL 34604	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Ondry 9	
No No		
Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.21		\$225.00
Infysystems Inc.	Last 4 digits of account number 1 1 7 3	
Nonpriority Creditor's Name 6900 College Blvd Suite 550	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Overland, Park KS 66211	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
City State ZIP Code	— (NONDRIGHTY)	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Charge	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		
4.22		\$1,763.00
Kabboge	Last 4 digits of account number 4 1 0 3	
Nonpriority Creditor's Name 925 B Peachtree St. NE Ste 1688	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent	
A.I	Disputed	
Atlanta GA 30309 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?		
☑ No □ Yes		
4.23		\$2,870.39
Kabboge Nonpriority Creditor's Name	Last 4 digits of account number 0 9 3 3	
925 B Peachtree St. NE Ste 1688	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. — ☐ Contingent	
	Unliquidated	
Atlanta GA 30309	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset? ✓ No		
☐ Yes		

Debtor 1 Debtor 2	William S. Martin Jennifer A. Martin	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecui	red Claims Continuation Page	
	g any entries on this page, number the		Total claim
P.O. Box 4 Number	reditor's Name 4461 Street	Last 4 digits of account number 6 0 6 9 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$3,064.23
□ Debtor □ Debtor □ Debtor □ At least □ Check Is the claim □ Yes	•	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
4.25 Midland C	redit Management	Last 4 digits of account number 1 0 2 6	\$4,909.30
P.O. Box	reditor's Name 51319 Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Debtor Debtor Debtor At least Check	State ZIP Code red the debt? Check one. 1 only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -	

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.26		\$4,909.30
Midland Funding, LLC	Last 4 digits of account number 3 4 2 8	
Nonpriority Creditor's Name P.O. Box 2001	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Warren MI 48090-2001 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Personnal Loan	
Is the claim subject to offset?	Personnal Loan	
No No		
Yes		
4.27		A 700.00
	Look A divite of account number A C O A	\$739.00
Midland Funding, LLC Nonpriority Creditor's Name	Last 4 digits of account number 4 6 2 1	
P.O. Box 2001	When was the debt incurred? 06/27/2018	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Warran MI 49000 2004	Disputed	
Warren MI 48090-2001 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?	-	
₩ No		
Yes		
4.28		\$2,432.24
Pay Pal Credit	Last 4 digits of account number 2 8 7 0	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 71202 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Charolotte NC 28272-1202		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? ✓ No		
☑ No □ Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.29		\$1,521.35
Pay Pal Working Capitol	Last 4 digits of account number	
Nonpriority Creditor's Name Atten: Executive Escalation	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 5018	□ Contingent □ Unliquidated	
	— ☐ Disputed	
Timonium MD 21094 City State ZIP Code	— The of NONERLORITY and a constability	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	Ground Gard	
☑ No		
Yes		
4.30		\$17,988.00
Portfolio Recovery Associates	Last 4 digits of account number 9 6 6 6	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 41067 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
Norfolk VA 23541	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?		
☑ No □ Yes		
4.31		\$12,110.00
Portfolio Recovery Associates	Last 4 digits of account number 6 7 4 8	
Nonpriority Creditor's Name PO Box 41067	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	— ☐ Disputed	
Norfolk VA 23541 City State ZIP Code	— (Nevipplepity	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Collecting for -	
Is the claim subject to offset?	Consciling for -	
No No		
☐ Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.32		\$17,988.00
Portfolio Recovery Associates	Last 4 digits of account number 9 6 6 6	
Nonpriority Creditor's Name PO Box 41067	When was the debt incurred? 11/20/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Norfolk VA 23541		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset? ✓ No		
☑ No □ Yes		
4.33		\$12,110.00
Portfolio Recovery Associates	Last 4 digits of account number6748_	
Nonpriority Creditor's Name PO Box 41067	When was the debt incurred? 11/20/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Norfolk VA 23541		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset? No		
Yes		
4.34		\$9,238.00
Portfolio Recovery Associates	Last 4 digits of account number4803_	
Nonpriority Creditor's Name PO Box 41067	When was the debt incurred? 02/16/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Norfolk VA 23541		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?		
✓ No Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the	m sequentially from the	Total claim
previous page. 4.35		\$3,492.00
Portfolio Recovery Associates	Last 4 digits of account number 0 1 5 6	Ψ0,432.00
Nonpriority Creditor's Name	When was the debt incurred? 02/16/2018	
PO Box 41067 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Norfolk VA 23541	_ Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset? No No		
✓ No Yes		
4.36		\$2,632.00
Portfolio Recovery Associates	Last 4 digits of account number2922	
Nonpriority Creditor's Name PO Box 41067	When was the debt incurred? 02/16/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	— ☐ Disputed	
Norfolk VA 23541 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	Confecting for -	
✓ No		
Yes		
4.37		\$1,997.00
Portfolio Recovery Associates	Last 4 digits of account number 4 9 6 3	Ψ1,007.00
Nonpriority Creditor's Name	When was the debt incurred? 02/16/2018	
PO Box 41067 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Norfolk VA 23541	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?		
☑ No □ Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin Case number (if known)		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.38		\$92.71
Quest Diagnostics C/O Arstrat, LVC	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 33720	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Detroit MI 48232-3720		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Charge	
Is the claim subject to offset? ✓ No		
☐ Yes		
4.39		\$2,235.00
Sears/cbsd	Last 4 digits of account number9097_	
Nonpriority Creditor's Name PO Box 6189	When was the debt incurred? 11/10/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent	
-	— ☐ Disputed	
Sioux Falls SD 57117 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	Credit Card	
✓ No		
Yes		
4.40		\$1,949.00
SYNCB/Amazon	Last 4 digits of account number 5 5 5 3	Ψ1,545.00
Nonpriority Creditor's Name	When was the debt incurred? 10/20/2013	
PO Box 965016 Number Street	As of the date you file, the claim is: Check all that apply.	
- Succes	_ ☐ Contingent	
	Unliquidated	
Orlando FL 32896	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
No You		
☐ Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.41		\$395.00
Syncb/JcPennys	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
A125 Windword Plaza Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Alpharetta GA 30005		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify	
 	Credit Card	
Is the claim subject to offset? ✓ No		
Yes		
4.42		
4.42		\$4,375.00
SYNCB/MFIS Nonpriority Creditor's Name	Last 4 digits of account number 3 9 6 2	
	When was the debt incurred? 09/01/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?	•	
☑ No		
Yes		
4.43		\$162.00
Syncb/Walmart	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred?	
4125 Windword Plaza Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Alpharetta GA 30005	─ □ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No ☐ Yes		

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.44		\$162.00
SYNCB/WALMART	Last 4 digits of account number 5 1 0 7	
Nonpriority Creditor's Name PO BOX 965024	When was the debt incurred? 06/06/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
ORLANDO FL 32896		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		
4.45		\$4,375.00
Synchrony Networks/Mattress Firm	Last 4 digits of account number	-
Nonpriority Creditor's Name P.O. Boc 965036	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Orlando FL 32896-5036	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	Charge	
Is the claim subject to offset?	•	
☑ No		
Yes		
4.46		\$784.00
TD Bank USA/Target Credit	Last 4 digits of account number 7 2 6 1	
Nonpriority Creditor's Name	When was the debt incurred? 10/02/2013	
7000 Target Parkway N. Number Street	As of the date you file, the claim is: Check all that apply.	
Mail Stop NCD-0450	_ ☐ Contingent	
	Unliquidated	
Brooklyn Park MN 55445-4301	─ ☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1 Debtor 2	William S. Ma Jennifer A. M			Case	number (if	known)	
Part 2:	Your NON	PRIO	RITY Unsecu	d Claims Continuation Page			
After listin previous p	. ,	this p	age, number the	sequentially from the			Total claim
College S City Who incur Debtor Debtor At leas Check Is the clair	red the debt?	TX State Check nly ors and	77845 ZIP Code one.	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim Student loans Obligations arising out of a separate that you did not report as priority claim Debts to pension or profit-sharing pother. Specify Medical Bill	aim: ion agreem aims	at apply.	\$231.68
✓ No ☐ Yes							

Debtor 1	William S. Martin	
Debtor 2	Jennifer A. Martin	Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
nomi art i	6b.	Taxes and certain other debts you owe the government	6b. \$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +\$0.00
	6e.	Total. Add lines 6a through 6d.	6d. \$0.00
			Total claim
Total claims from Part 2	6f.	Student loans	6f. \$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +\$157,388.10
	6j.	Total. Add lines 6f through 6i.	6j. \$157,388.10

Fill in this inf	ormation to i									
Debtor 1	William First Name	S. Middle Name	Martin Last Name							
Debtor 2	Jennifer	A.	Martin							
(Spouse, if filing)	First Name	Middle Name	Last Name							
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA										
Case number (if known)						Check if this is an amended filing				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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ormation to i											
William First Name	S.	Martin	_								
	_										
First Name	Middle Name	Last Name	_								
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA											
			☐ Check if this is amended filing								
	William First Name Jennifer First Name	William S. First Name Middle Name Jennifer A. First Name Middle Name	First Name Middle Name Last Name Jennifer A. Martin First Name Middle Name Last Name								

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do y	/ou h No Yes	nave any codebtors?	(If you are filing a	a joint case, o	do not list eithe	r spouse a	as a codebtor.)
2.		ide A No.	•	o, Louisiana, Neva	ada, New Me	xico, Puerto Ri	co, Texas	(Community property states and territories , Washington, and Wisconsin.)
			Jennifer A. Martin Name of your spouse, forr 936 Whitening Ln. Number Street	•	equivalent	Texas	Fill	in the name and current address of that person
			College Station City		State	77845 ZIP Code		

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this inf		doutify your con-							
		dentify your case:	11						
Debtor 1	William First Name	S. Middle Name	Martin Last Name			Che	eck if this is:		
Debtor 2	Jennifer	A.	Martin			П	An amended filing		
(Spouse, if filing		Middle Name	Last Name				A supplement showing postpetition		
	Bankruptcy Court	for the: MIDDLE DIS	TRICT OF FLOR	IDA		ш	chapter 13 income as of the following date:		
Case number (if known)				_			MM / DD / YYYY		
Official Form	1061						WIWI / DD / TTTT		
Schedule I:		ne					12/15		
responsible for su include information about your spous your name and ca	upplying correction about your space. If more spaces number (if k	t information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every o	e married and not ated and your spo parate sheet to th	filing ouse	j jointly, and y is not filing w	our ith y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write		
Part 1: De	scribe Emplo	oyment							
1. Fill in your er information.	mployment		Debtor 1				Debtor 2 or non-filing spouse		
If you have me job, attach a swith information	separate page	Employment status	☐ Employed ✓ Not employ	ed			✓ Employed Not employed		
additional em	ployers.	Occupation	Unemployed				Self-Employed		
Include part-ti or self-employ	me, seasonal, yed work.	Employer's name					Bead Girlz Boutique		
Occupation m student or hor applies.	•	Employer's address	Number Street				Number Street		
			City		State Zip Co	de	City State Zip Code		
		How long employed the	nere?						
Part 2: Giv	ve Details Ab	out Monthly Incom	e						
	income as of th	ne date you file this form		ning to	o report for any	/ line	, write \$0 in the space. Include your		
If you or your non-f	filing spouse hav	•	er, combine the inf	orma	tion for all emp	oloye	rs for that person on the lines below. If		
,	,				For Debtor	1	For Debtor 2 or non-filing spouse		
		alary, and commissions d monthly, calculate what		2.	\$0	.00	<u>\$0.00</u>		
3. Estimate and	l list monthly ov	ertime pay.		3.	+\$0	.00	\$0.00		
4. Calculate gro	oss income. Ad	d line 2 + line 3.		4.	\$0	.00	\$0.00		

	tor 1 tor 2	William S. Martin Jennifer A. Martin		Case nun	nber (if knov	vn)	
			F	or Debtor 1	For Debt	or 2 or	
	Сор	y line 4 here	4.	\$0.00		\$0.00	_
5.		all payroll deductions:					
		Tax, Medicare, and Social Security deductions	5a.	\$0.00		\$0.00	
		Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00	
	5c.	•	5c.	\$0.00		\$0.00	
		Required repayments of retirement fund loans	5d.	\$0.00		\$0.00	
	5e.		5e.	\$0.00		\$0.00	
	5f.	Domestic support obligations	5f.	\$0.00		\$0.00	
	5g.	Union dues	5g.	\$0.00		\$0.00	
	5h.	Other deductions. Specify:	5h. +	\$0.00		\$0.00	
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$0.00		\$0.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00		\$0.00	
8.	List	all other income regularly received:					
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	\$3,5	502.00	
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b.	Interest and dividends	8b.	\$0.00		\$0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		\$0.00	
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d.	Unemployment compensation	8d.	\$0.00		\$0.00	
	8e.	Social Security	8e.	\$0.00		\$0.00	
	8f.	Other government assistance that you regularly receive					
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
		Specify: Disability	8f.	\$3,000.00		\$0.00	
	8g.		- 8g.	\$0.00		\$0.00	
	•	Other monthly income.	og.	φυ.υυ		φυ.υυ	
	0	Specify:	8h. +	\$0.00		\$0.00	
9.	Add	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$3,000.00	\$3,5	502.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,000.00	+\$3,5	502.00	= \$6,502.00
11.		e all other regular contributions to the expenses that you list in S	chedule	э J.			
	Inclu	ude contributions from an unmarried partner, members of your househods or relatives.			r roommate	s, and oth	ner
	Do r	not include any amounts already included in lines 2-10 or amounts tha		t available to pay e	expenses lis	ted in Scl	nedule J.
	Spe	cify:				_ 11.	+ \$0.00
12.	inco	I the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities applies.				12.	\$6,502.00 Combined monthly income
13.	Doy	you expect an increase or decrease within the year after you file t	his form	1?			-
		No. Social Security will start taking taxes out					
	<u></u>	Yes. Explain:					
	_	. [

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Debtor 1 Debtor 2	William S. Martin Jennifer A. Martin	Case number (if known)	
8a. Attach	ed Statement (Debtor 2)		
	Bead Girlz Bouti	que	
FINANCIA	L REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE inf	ormation directly related to the business operation.)	
PART A - 0	GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:		
1. Gro	oss Income for 12 Months Prior to Filing:	\$135,000.00	
PART B - E	ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:		
2. Gro	oss Monthly Income:	\$11	1,250.00
PART C - E	ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:		
3. Net	Employee Payroll (Other Than Debtor):	\$0.00	
4. Pay	roll Taxes:	\$0.00	
	employment Taxes:	\$0.00	
6. Wo	rker's Compensation:	\$0.00	
7. Oth	er Taxes:	\$0.00	
8. Inv	entory Purchases (including raw materials):	\$7,500.00	
9. Pur	chase of Feed/Fertilizer/Seed/Spray:	\$0.00	
10. Re	ent (other than debtor's principal residence):	\$0.00	
11. Ut	ilities:	\$0.00	
12. Of	ffice Expenses and Supplies:	\$248.00	
13. Re	epairs and Maintenance:	\$0.00	
14. Ve	ehicle Expenses:	\$0.00	
15. Tr	avel and Entertainment:	\$0.00_	
16. Ed	quipment Rental and Leases:	\$0.00	
17. Le	egal/Accounting/Other Professional Fees:	\$0.00	
18. In:	surance:	\$0.00	
19. Er	mployee Benefits (e.g., pension, medical, etc.):	\$0.00	
20. Pa	ayments to be Made Directly by Debtor to Secured Creditors for		
Р	re-Petition Business Debts (Specify):	None	
	ther (Specify):	None	
22. To	otal Monthly Expenses (Add items 3 - 21)	\$7	7,748.00
PART D - E	ESTIMATED AVERAGE NET MONTHLY INCOME:		
23. A\	VERAGE NET MONTHLY INCOME (Subtract item 22 from item 2):	<u>\$3</u>	3,502.00

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7	ill in this inform	nation to ide	entify	vour case:			1		
	Debtor 1	William First Name		S. Middle Name	Marti Last Na			this is: amended filing upplement showing	postpetition
1	Debtor 2 (Spouse, if filing)	Jennifer First Name		A. Middle Name	Marti Last Na		cha	pter 13 expenses a owing date:	
ι	United States Bankr	uptcy Court for	r the:	MIDDLE DIST	RICT OF FL	.ORIDA	MM	/ DD / YYYY	
	Case number (if known)								
Of	ficial Form 10	6J					•		
Sc	hedule J: Yo	ur Expen	ses						12/15
cori	rect information. If ne and case number	f more space i er (if known).	is need Answe	ed, attach anot r every questio	her sheet to	ling together, both ar this form. On the top			
P		be Your Ho	usenc	ola					
1.	Is this a joint case ☐ No. Go to line ✓ Yes. Does D ✓ No	e 2.	ı a sepa	rate household	1?				
	Yes	s. Debtor 2 mu	ıst file C	Official Form 106	J-2, Expense	s for Separate Housel	nold of Deb	otor 2.	
2.	Do you have depe		☐ No	o es. Fill out this i	nformation	Dependent's relation		Dependent's	Does dependen
	Do not list Debtor 1 and Debtor 2.			r each depende		Debtor 1 or Debtor 2 Daughter		age 12	live with you? No
	Do not state the de names.	not state the dependents'				Son		6	Yes No
									⁻ [☑ Yes ☐ No
									Yes
									□ No - □ Yes
									No You
3.	Do your expenses expenses of peop yourself and your	ole other than		✓ No □ Yes					Yes
Pa	art 2: Estima	ate Your On	going	Monthly Ex	penses				
Esti to re	imate your expens	of a date afte	r the ba		-	are using this form as a supplemental Sched		•	
	ude expenses paic h assistance and h		_		-	ı know the value of cial Form 106l.)		Your expens	ses
4.	The rental or hom Include first mortga							4.	\$1,700.00
	If not included in	line 4:							
	4a. Real estate ta	axes						4a	
	4b. Property, hon	neowner's, or re	enter's i	nsurance				4b	\$200.00
	4c. Home mainte	nance, repair,	and upk	eep expenses				4c	
	4d. Homeowner's	association o	r condor	minium dues				4d.	

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Debtor 2 Jennifer A. Martin Case number (if known) Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$300.00 6b. Water, sewer, garbage collection 6b. \$75.00 6c. Telephone, cell phone, Internet, satellite, and 6c. \$260.00 cable services 6d. 6d. Other. Specify: Cell phone \$197.00 Food and housekeeping supplies 7. \$600.00 Childcare and children's education costs 8. \$100.00 Clothing, laundry, and dry cleaning 9. \$50.00 10. Personal care products and services 10. \$250.00 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train 12. \$600.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. magazines, and books 14. Charitable contributions and religious donations 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. \$1,450.00 15c. Vehicle insurance \$225.00 15c. 15d. Other insurance. Specify: 15d. **16.** Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 Nissan Murano 17a. \$524.00 17b. Car payments for Vehicle 2 Kia Sedona 17b. \$478.00 17c. Other. Specify: ___ 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19.

Debtor 1

William S. Martin

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	tor 1 tor 2	William S. Martin Jennifer A. Martin	Case number (if known)			
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.					
	20a.	Mortgages on other property	20a			
	20b.	Real estate taxes	20b			
	20c.	Property, homeowner's, or renter's insurance	20c			
	20d.	Maintenance, repair, and upkeep expenses	20d			
	20e.	Homeowner's association or condominium dues	20e			
21.	Other	. Specify:	21. +_			
22.	Calcu	late your monthly expenses.	_			
	22a.	Add lines 4 through 21.	22a	\$7,009.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b			
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$7,009.00		
23.	Calcu	late your monthly net income.				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$6,502.00		
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$7,009.00		
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	(\$507.00)		
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	ı file this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	_	No				
	Ø `	Yes. Explain here: Debtor has terminal cancer and medical bills and traveling expe	nses could go up.			
			-			

Debtor 1	William	S.	Martin		
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2	Jennifer	A.	Martin		
Spouse, if filin	ıg) First Name	Middle Name	Last Name		
Jnited States I	Bankruptcy Court fo	or the: MIDDLE DIST	RICT OF FLORIDA		
Case number (if known)				Check if amended	
Official For	m 106Sum				
ummary	of Your Asse	ets and Liabili	ties and Certain Statis	stical Information	12 <i>/</i> *
chedules after		inal forms, you must	; then complete the information fill out a new Summary and che		
					Your assets Value of what you owr
Schedule A	A/B: Property (Offici	al Form 106A/B)			4050 000 0
1a. Copy I	ine 55, Total real es	state, from Schedule A	VB		\$250,000.0
1b. Copy I	line 62, Total perso	nal property, from Sch	edule A/B		\$86,947.4
1c. Copy I	line 63, Total of all ¡	property on Schedule A	A/B		\$336,947.4
Part 2: S	Summarize You	ır Liabilities			
					Your liabilities Amount you owe
		•	v Property (Official Form 106D) of claim, at the bottom of the last p	page of Part 1 of Schedule D	\$308,471.0
2a. Copy t	the total you listed in E/F: Creditors Who I	n Column A, Amount c			.
2a. Copy to Schedule E	the total you listed in the total you listed in the total claims from	n Column A, Amount c Have Unsecured Clain n Part 1 (priority unsec	of claim, at the bottom of the last parts (Official Form 106E/F)	dule E/F	\$0.00
2a. Copy to Schedule E	the total you listed in the total you listed in the total claims from	n Column A, Amount c Have Unsecured Clain n Part 1 (priority unsec	of claim, at the bottom of the last p as (Official Form 106E/F) ured claims) from line 6e of Scheo	dule E/F	\$0.00
2a. Copy to Schedule E 3a. Copy to 3b. Copy to 3b.	the total you listed in E/F: Creditors Who I the total claims from the total claims from	n Column A, Amount c Have Unsecured Clain n Part 1 (priority unsec	of claim, at the bottom of the last pass (Official Form 106E/F) ured claims) from line 6e of Schemesecured claims) from line 6j of Schemesecured claims)	dule E/F+	\$0.00 \$157,388.10

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$7,009.00

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Debtor 1 Debtor 2	William S. Martin Jennifer A. Martin	Case number (if known)						
Part 4:	Answer These Questions for Administrative and Statistical Records							
6. Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?							
	No. You have nothing to report on this part of the form. Check this box and so es	ubmit this form to the court with your other	r schedules.					
7. What	kind of debt do you have?							
fa	Your debts are primarily consumer debts. Consumer debts are those "incuramily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statisty our debts are not primarily consumer debts. You have nothing to report only form to the court with your other schedules.	stical purposes. 28 U.S.C. § 159.						
8. From	the Statement of Your Current Monthly Income: Copy your total current mal Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	onthly income from	\$3,502.00					
9. Сору	the following special categories of claims from Part 4, line 6 of Schedule	e E/F:						
		Total claim						
From	Part 4 on Schedule E/F, copy the following:							
9a. D	Domestic support obligations. (Copy line 6a.)	\$0.00						
9b. T	axes and certain other debts you owe the government. (Copy line 6b.)	\$0.00						
9c C	Claims for death or personal injury while you were intoxicated (Conv line 6c.)	\$0.00						

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

Fill in this inf	ormation to i				
Debtor 1	William First Name	S. Middle Name	Martin Last Name		
Debtor 2	Jennifer	A.	Martin		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: MIDDLE DIST	RICT OF FLORIDA		
Case number (if known)					Check if this is amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you hav or agree to hav someone wh	no is NOT an attorney to help you fill out bankruptcy forms?
	to 13 No. 1 an attorney to help you his out bank uptey forms:
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,
	Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I true and correct.	have read the summary and schedules filed with this declaration and that they are
X /s/ William S. Martin	X /s/ Jennifer A. Martin
William S. Martin, Debtor 1	Jennifer A. Martin, Debtor 2
Date 06/20/2019	Date <u>06/20/2019</u>
MM / DD / YYYY	MM / DD / YYYY

Fill in this in	formation to id	lentify your case	:				
Debtor 1	William First Name	S. Middle Name	Martin Last Name				
Debtor 2 (Spouse, if filing	Jennifer First Name	A. Middle Name	Martin Last Name	_			
United States B	ankruptcy Court for	the: MIDDLE DISTI	RICT OF FLORIDA	_			
Case number (if known)					Check if this is an amended filing		
Official Forn	n 107						
Statement of	of Financial	Affairs for Ind	ividuals Filing for	Bankruptcy		04/19	
your name and c	ase number (if kno	own). Answer every	separate sheet to this forn question. Status and Where You		pugos,o		
 What is you Married Not married 	r current marital s	tatus?					
☑ No		•	other than where you live r				
(Community	Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)						
□ No ☑ Yes. Ma	ake sure you fill out	Schedule H: Your Co	debtors (Official Form 106H).			

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin		Case no	umber (if known)	
Part 2: Explain the Sources	of Your Income			
4. Did you have any income from emprill in the total amount of income you lif you are filing a joint case and you have	received from all jobs and all bu	isinesses, including pa	art-time activities.	llendar years?
☐ No ☑ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
From January 1 of the current year unti	I		Wages, commissions, bonuses, tips	\$27,000.00
, ,	Operating a business		Operating a business	
For the last calendar year:	☐ Wages, commissions, bonuses, tips		_ Wages, commissions, bonuses, tips	\$135,000.00
(January 1 to December 31, 2018)	Operating a business		Operating a business	
For the calendar year before that:	☐ Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	\$200,000.00
(January 1 to December 31, 2017)	Operating a business		Operating a business	
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
From January 1 of the current year unti the date you filed for bankruptcy:	I		_ Wages, commissions, bonuses, tips	
	Operating a business		Operating a business	
For the last calendar year:	☐ Wages, commissions, bonuses, tips		_ Wages, commissions, bonuses, tips	
(January 1 to December 31, 2018)	Operating a business		Operating a business	
For the calendar year before that:	Wages, commissions, bonuses, tips		_ Wages, commissions, bonuses, tips	
(January 1 to December 31, 2017)	Operating a business		Operating a business	

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Include unemp and ga Debtor		William S. Martin Jennifer A. Martin Case number (if known)								
		I receive any other income during this year or the two previous calendar years? income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; oyment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; nbling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under 1.								
	□ No	ch source and the gross income for some		y. Do not include income						
			Debtor 1		Debtor 2					
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions				
		ry 1 of the current year until u filed for bankruptcy:	Social Security	\$18,000.00						
		calendar year: December 31, 2018)	Social Security	\$36,000.00						
		endar year before that: December 31, 2017)	Social Security	\$36,000.00						
,	,	YYYY								

Debtor 1 Debtor 2		William S. Jennifer A			Case number (if known)					
Part 3:		List Certain Payments You Made Before You Filed for Bankruptcy								
6.	Are eith	er Debtor 1	's or Debtor	2's debts prim	arily consumer	debts?				
	□ No.			•	-	mer debts. Consul		d in 11 U.S.C. § 101(8) as		
		During the	e 90 days be	ore you filed fo	r bankruptcy, did	d you pay any credit	or a total of \$6,825*	or more?		
		□ No. G	o to line 7.							
		_	total amount	you paid that cr	editor. Do not in	nclude payments for	nore in one or more produced in one or more produced in one of the contract of	oligations, such as		
		* Subject	to adjustmer	t on 4/01/22 an	d every 3 years	after that for cases	filed on or after the o	late of adjustment.		
	✓ Yes	. Debtor 1	or Debtor 2	or both have p	rimarily consur	ner debts.				
		During the	e 90 days be	ore you filed fo	r bankruptcy, did	d you pay any credit	or a total of \$600 or	more?		
		□ No. G	so to line 7.							
			creditor. Do	not include pay	ments for domes		e and the total amou ons, such as child su case.			
					Dates of payment	Total amount paid	Amount you still owe	Was this payment for		
					_	\$1,692.00	\$21,210.00	_		
Bridgecrest Credit Creditor's name 7300 E. Hampton Ave, Suite 101 Number Street Mesa AZ 85209			April, May —	& June 2019		✓ Car				
City			State	ZIP Code	_			<u> </u>		
					Dates of payment	Total amount paid	Amount you still owe	Was this payment for		
Credit Union Lo			urce		_	\$1,377.00	\$14,083.00	_ Mortgage		
PO	Creditor's name PO Box 105388 Number Street			April May 8 —	& June 2019		☐ Credit card ☐ Loan repayment ☐ Suppliers or vandors			
	anta	GA 30348					☐ Suppliers or vendors ☐ Other			
City			State	ZIP Code	_			<u> </u>		

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	otor 1 otor 2	William S. Martin Jennifer A. Martin		C:	ase number (if k	nown) _			
7.	Insiders corpora agent, in	include your relatives; an tions of which you are an o	or bankruptcy, did you make a y general partners; relatives of officer, director, person in contr is you operate as a sole proprie v.	f any general partners	; partnerships of r more of their v	f which y oting se	ou are a ger curities; and	neral pa any ma	anaging
	✓ No ☐ Yes	. List all payments to an i	nsider.						
8.		1 year before you filed fo ed an insider?	r bankruptcy, did you make a	any payments or trai	nsfer any prope	erty on a	ccount of a	debt t	hat
	Include	payments on debts guara	nteed or cosigned by an inside	r.					
	✓ No ☐ Yes	s. List all payments that be	enefited an insider.						
Р	art 4:	Identify Legal Acti	ons, Repossessions, ar	nd Foreclosures					
9.	List all s	•	or bankruptcy, were you a par rsonal injury cases, small claim es.	-			-	_	
	□ No ☑ Yes	. Fill in the details.							
We	Case title Wells Fargo bank vs. William Martin		Nature of the case go bank vs. William Lawsuit		Circuit Court Fifth Judicial Circuit Court Name		_		of the case Pending On appeal
Cas	e numbe	r 2019CA18		Number	Street			Г	Concluded
						FL			-
				City		State	ZIP Code		
10.	seized, Check a	or levied? All that apply and fill in the	or bankruptcy, was any of you	ur property reposses	ssed, foreclosed	d, garnis	shed, attach	ied,	
	_	Go to line 11. Fill in the information be	·low.						
11.		•	for bankruptcy, did any credi refuse to make a payment be	. •		stitutior	ı, set off any	/	
	✓ No ☐ Yes	. Fill in the details.							
12.			r bankruptcy, was any of you eiver, a custodian, or anothe		ssession of an	assigne	e for the be	nefit o	f
	✓ No ☐ Yes								

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		William S. Jennifer A.				Case number (if I	known)	
P	art 5:	List Cert	ain G	ifts and Co	ntributions			
13.	Within	2 years befor	e you t	filed for bankr	ruptcy, did you give any gifts w	rith a total value of more	than \$600 per perso	on?
	✓ No ☐ Yes	s. Fill in the d	etails fo	or each gift.				
14.		2 years befor charity?	e you f	filed for bankr	ruptcy, did you give any gifts o	r contributions with a to	tal value of more tha	ın \$600
	✓ No ☐ Yes	s. Fill in the d	etails fo	or each gift or o	contribution.			
Р	art 6:	List Cert	ain L	osses				
15.		1 year before isaster, or ga	•		uptcy or since you filed for ban	kruptcy, did you lose an	ything because of th	eft, fire,
	✓ No ☐ Yes	s. Fill in the d	etails.					
P	art 7:	List Cert	ain P	ayments or	Transfers			
10.	anyone Include	you consult	ed abo s, bankr	ut seeking ba	uptcy, did you or anyone else a unkruptcy or preparing a bankr preparers, or credit counseling a	uptcy petition?		-
					Description and value of an	y property transferred	Date payment	Amount of
	ink Stee son Who W				_		or transfer was made	payment
Atte	orney at				_		06/2019	\$3,000.00
181	I0 Greer	nfield Plaza			_			
Bry City	/an		TX State	77802 ZIP Code	_			
Ema	ail or websit	e address			_			
Pers	son Who M	lade the Paymer	nt, if Not	You	_			
17.	Do not i	who promis	ed to hayment	elp you deal v	uptcy, did you or anyone else a with your creditors or to make at you listed on line 16.			perty to

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Deb ^o	tor 1 tor 2	William S. Martin Jennifer A. Martin	Case number (if known)			
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherw ty transferred in the ordinary course of your business or financial aff				
Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.						
	✓ No	s. Fill in the details.				
19.		10 years before you filed for bankruptcy, did you transfer any proper e a beneficiary? (These are often called asset-protection devices.)	ty to a self-settled trust or similar device of which			
	✓ No	s. Fill in the details.				
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe De	posit Boxes, and Storage Units			
20.		1 year before you filed for bankruptcy, were any financial accounts of t, closed, sold, moved, or transferred?	r instruments held in your name, or for your			
		e checking, savings, money market, or other financial accounts; certificates, pension funds, cooperatives, associations, and other financial institution	•			
	✓ No ☐ Yes	s. Fill in the details.				
21.		u now have, or did you have within 1 year before you filed for bankrup curities, cash, or other valuables?	etcy, any safe deposit box or other depository			
	✓ No	s. Fill in the details.				
22.	Have y	rou stored property in a storage unit or place other than your home w	ithin 1 year before you filed for bankruptcy?			
		s. Fill in the details.				
Pa	art 9:	Identify Property You Hold or Control for Someone Els	se			
23.	-	a hold or control any property that someone else owns? Include any d in trust for someone.	property you borrowed from, are storing for,			
	✓ No ☐ Yes	s. Fill in the details.				

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin		Case number (if known)						
Part 10: Give Details About En	vironmental Information							
For the purpose of Part 10, the following of	definitions apply:							
	state, or local statute or regulation con or material into the air, land, soil, surfa olling the cleanup of these substances,	ce water, groundwater, or o						
 Site means any location, facility, or prutilize it or used to own, operate, or utilize 	· ·	tal law, whether you now o	own, operate, or					
 Hazardous material means anything a substance, hazardous material, polluta 		ous waste, hazardous sub	stance, toxic					
Report all notices, releases, and proceedi	ngs that you know about, regardless of	when they occurred.						
24. Has any governmental unit notified y law?	ou that you may be liable or potentially	iable under or in violation o	of an environmental					
✓ No☐ Yes. Fill in the details.								
25. Have you notified any governmental☑ No☐ Yes. Fill in the details.	unit of any release of hazardous materia	1?						
Have you been a party in any judicial orders.	or administrative proceeding under any	environmental law? Inclu	de settlements and					
✓ No☐ Yes. Fill in the details.								
Part 11: Give Details About Yo	ur Business or Connections to A	ny Business						
27. Within 4 years before you filed for ba business?	nkruptcy, did you own a business or ha	ve any of the following con	nections to any					
A member of a limited liability A partner in a partnership An officer, director, or managi	yed in a trade, profession, or other activity company (LLC) or limited liability partnershing executive of a corporation voting or equity securities of a corporation	ip (LLP)						
No. None of the above applies. G								
Yes. Check all that apply above ar	nd fill in the details below for each business							
Bead Girlz Boutique	Describe the nature of the business	Employer Identificat Do not include Socia	ion number al Security number or ITIN.					
Business Name 836 Whitening Ln.	Name of accountant or bookkeeper	EIN: 2 7 - 3	9 5 4 6 3 4					
Number Street	,	Dates business exis	Dates business existed					
College Station TX 77845		From	То					

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Debtor 1 Debtor 2		n S. Martin er A. Martin	Case number (if known)									
	Iz Boutiqu	e		Describe the nature of the business Sale of Beads	Employer Ident Do not include					er or	ITI	٧.
Business Name 936 Whitewing Ln. Number Street			Name of accountant or bookkeeper	EIN: 2 7 - 3 9 5 4 6 3 4 Dates business existed			<u>4</u>					
College S	Station	TX State	77845 ZIP Code	- -	From		То					
28. Within all fin	nancial insti	efore y	ou filed for	bankruptcy, did you give a financial staten or other parties.	nent to anyone about	our b	usine	ss?	Inclu	de		

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Debtor 1 Debtor 2	William S. Martin Jennifer A. Martin	Case number (if known)				
Part 12	Sign Below					
that answer	I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
	iam S. Martin	X /s/ Jennifer A. Martin				
William	S. Martin, Debtor 1	Jennifer A. Martin, Debtor 2				
Date _	06/20/2019	Date06/20/2019				
Did you att	tach additional pages to Your S	tement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?				
✓ No ☐ Yes						
Did you pa	y or agree to pay someone who	s not an attorney to help you fill out bankruptcy forms?				
☑ No						
	lame of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).				

Fill in this information to identify your case:			
Debtor 1	William	S.	Martin
	First Name	Middle Name	Last Name
Debtor 2	Jennifer	A.	Martin
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court fo	or the: MIDDLE DIST	RICT OF FLORIDA
Case number			
(if known)			

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D),
	fill in the information below

fill in the infori	fill in the information below.					
Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?		Did you claim the propert as exempt on Schedule C		
Creditor's name:	Bridgecrest Credit		Surrender the property. Retain the property and redeem it.		No Yes	
Description of property securing debt:	2018 Nissan Murano (approx. 42,000 miles)		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			
Creditor's name:	Credit Union Loan Source		Surrender the property. Retain the property and redeem it.		No Yes	
Description of property securing debt:	2015 Kia Sedona (approx. 56,000 miles)		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			
Creditor's name:	Wells Fargo Home Mortgage	\Box	Surrender the property. Retain the property and redeem it.		No Yes	
Description of property securing debt:	1470 Merion Drive		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			

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	otor 1 otor 2	William S. Martin Jennifer A. Martin			Case number (if known)
P	art 2:	List Your Unexpired P	ersonal Pro	perty Leases	
fill i	in the inf	formation below. Do not list r	eal estate leas	es. Unexpired leases are	ory Contracts and Unexpired Leases (Official Form 106G), leases that are still in effect; the lease period has not does not assume it. 11 U.S.C. § 365(p)(2).
	Descri	be your unexpired personal p	operty leases		Will this lease be assumed?
	None.				
P	art 3:	Sign Below			
		enalty of perjury, I declare tha I property that is subject to an		•	y property of my estate that secures a debt and
X	/s/ Willi	am S. Martin	X	/s/ Jennifer A. Martin	
١	William S	S. Martin, Debtor 1		Jennifer A. Martin, Debtor	2
ı	Date 06	6/20/2019		Date 06/20/2019	
	MI	M / DD / YYYY		MM / DD / YYYY	

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA ORLANDO DIVISION

In re William S. Martin
Jennifer A. Martin

Case No.			
Chapter	7		

	Onapidi I			
	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:			
	For legal services, I have agreed to accept			
	Prior to the filing of this statement I have received			
	Balance Due			
2.	The source of the compensation paid to me was: Debtor Other (specify)			
3.	The source of compensation to be paid to me is:			
	☑ Debtor ☐ Other (specify)			
4.	✓ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.			
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.			
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:			
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;			
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;			
	c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;			
	d. [Other provisions as needed]			
	Credit Counseling Class, Debtor's Education Class, Filing Fees and Credit Reports			

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0000	/ -	0000		(40/45)	
B2030	(Form	2030)	((12/15)	

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/20/2019 /s/ Frank Steelman

Date Frank Steelman

Frank Steelman, Attorney at Law 1810 Greenfield Plaza Bryan, TX 77802

Phone: (979) 260-9774 / Fax: (979) 846-3078

Bar No. 19109000

/s/ William S. Martin	/s/ Jennifer A. Martin
William S. Martin	Jennifer A. Martin

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA ORLANDO DIVISION

IN RE: William S. Martin
Jennifer A. Martin

Date 6/20/2019

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her

know	edge.		
Date	6/20/2019	Signature	/s/ William S. Martin
		- · · · · · · · · · · · · · · · · · · ·	William S. Martin

Signature /s/ Jennifer A. Martin

Jennifer A. Martin

Amazon 4125 Windword Plaza Alpharetta, GA 30005

American Express
PO Box 981540
El Paso, TX 79998-1540

Barclays Bank 1007 N. Orange St. Wilmington, DE 19801

Barclays Bank Delaware P.O Box 8803 AH: Credit Bureau Wilmington, DE 19899

Baylor Scott & White Health-Central TX Attn: Buisness Office, MS -01-105 2401 S. 31st Street Temple, TX 76508

Bridgecrest Credit 7300 E. Hampton Ave, Suite 101 Mesa, AZ 85209

Capital One Bank P.O Box 85015 Richmond, VA 23285-5075

Capital One Bank (USA), N.A. PO Box 30285 Salt Lake City, UT 84130-0285

City of Mount Dora P.O. Box 176 Mount Dora, FL 32756 College Station Medical Center 1604 Rock Prairie College Station, TX 77845

Comenity Bank/Bealls FL P.O Box 182789 Columbus, OH 43218

Comenity Bank/Way Fair P.O Box 182789 COlumbus, OH 43218

Comenity Capital/Overstock P.O. Box 182120 Columbus, OH 43218

Credit Union Loan Source PO Box 105388 Atlanta, GA 30348

First Source Advantage, LLC P.O. Box 628 Buffalo, NY 14240-0628

Frank Steelman Attorney at Law 1810 Greenfield Plaza Bryan, TX 77802

Frontline Asst Stratagies LLC 2700 Snelling Ave N. Roseville, MN 55113

Gold Key Credit P.O box 15670 Brooksville, FL 34604 Infysystems Inc. 6900 College Blvd Suite 550 Overland, Park KS 66211

Kabboge 925 B Peachtree St. NE Ste 1688 Atlanta, GA 30309

M. D. Anderson P.O. Box 4461 Houston, TX 77210-4461

Midland Credit Management P.O. Box 51319 Los Angeles, CA 90051-5619

Midland Funding, LLC P.O. Box 2001 Warren, MI 48090-2001

Pay Pal Credit P.O. Box 71202 Charolotte, NC 28272-1202

Pay Pal Working Capitol Atten: Executive Escalation P.O. Box 5018 Timonium, MD 21094

Portfolio Recovery Associates PO Box 41067 Norfolk, VA 23541

Quest Diagnostics C/O Arstrat, LVC P.O. Box 33720 Detroit, MI 48232-3720

Sears/cbsd PO Box 6189 Sioux Falls SD 57117

SYNCB/Amazon PO Box 965016 Orlando, FL 32896

Syncb/JcPennys 4125 Windword Plaza Alpharetta, GA 30005

SYNCB/MFIS

Syncb/Walmart 4125 Windword Plaza Alpharetta, GA 30005

SYNCB/WALMART PO BOX 965024 ORLANDO, FL 32896

Synchrony Networks/Mattress Firm P.O. Boc 965036 Orlando, FL 32896-5036

TD Bank USA/Target Credit 7000 Target Parkway N. Mail Stop NCD-0450 Brooklyn Park, MN 55445-4301

University Pediatrics Association 1602 Rock Prairie Rd. #1100 College Station, TX 77845

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Wells Fargo Home Mortgage Default Document Processing N9286-01Y, 1000 Blue Gentian Road Eagan, MN 55121-7700

	Casc 19-50	443 Documen	ILT THEU III TASE	5 011 00/20/19 Fage 72 01 74			
Fill in this in	formation to	dentify your case	:	Check one box only as directed in this form and in Form 122A-1Supp:			
Debtor 1	William First Name	S. Middle Name	Martin Last Name				
Dalutano		_		1. There is no presumption of abuse.			
Debtor 2 (Spouse, if filing)	Jennifer First Name	A. Middle Name	Martin Last Name	2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7			
United States Ba	ankruptcy Court fo	or the: MIDDLE DIST	RICT OF FLORIDA	Means Test Calculation (Official Form 122A-2).			
Case number	annapio, countr	3. The Means Test does not apply now because of qualified military service but it could apply					
(if known)				later.			
				Check if this is an amended filing			
Official Form 122A-1 Chapter 7 Statement of Your Current Monthly Income 12/15							
accurate. If more information appli are exempted fro military service, (122A-1Supp) with	e space is neede es. On the top o m a presumption complete and file n this form.	d, attach a separate s If any additional page n of abuse because y e Statement of Exemp	theet to this form. Include s, write your name and ca ou do not have primarily co tion from Presumption of	er, both are equally responsible for being the line number to which the additional se number (if known). If you believe that you onsumer debts or because of qualifying Abuse Under § 707(b)(2) (Official Form			
Part 1: Ca	ilculate four	Current Monthly	ncome				
1. What is your	I. What is your marital and filing status? Check one only.						
☐ Not mar	Not married. Fill out Column A, lines 2-11.						
✓ Married	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.						
☐ Married	Married and your spouse is NOT filing with you. You and your spouse are:						
☐ Liv	ing in the same	household and are no	ot legally separated. Fill ou	t both Columns A and B, lines 2-11.			

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$0.00
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed	\$0.00	\$0.00

on line 3.

Debtor 1 William S. Martin Debtor 2 Jennifer A. Martin Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse Net income from operating a business, profession, or farm Debtor 1 Debtor 2 \$0.00 \$11,250.00 Gross receipts (before all deductions) Ordinary and necessary operating -\$0.00 \$7,748.00 expenses Copy \$3,502.00 here -> \$0.00 \$0.00 \$3,502.00 Net monthly income from a business, profession, or farm Net income from rental and other real property Debtor 1 Debtor 2 \$0.00 \$0.00 Gross receipts (before all deductions) \$0.00 \$0.00 Ordinary and necessary operating expenses Copy \$0.00 here → \$0.00 \$0.00 \$0.00 Net monthly income from rental or other real property Interest, dividends, and royalties \$0.00 \$0.00 **Unemployment compensation** \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$3.000.00 For you..... \$0.00 For your spouse..... Pension or retirement income. Do not include any amount received that \$0.00 \$0.00 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. \$3,502.00 \$3,502.00 \$0.00 Then add the total for Column A to the total for Column B. Total current monthly income

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Debtor 1 Debtor 2		William S. Martin Jennifer A. Martin		Case number (if known)			
Pa	art 2:	Determine Whether the Means T	est Applies to You				
12.	Calcu	ulate your current monthly income for the year. Follow these steps:					
	12a.	Copy your total current monthly income from	line 11	Copy line 11 here 12a. \$3,502.00			
	Multiply by 12 (the number of months in a year).			X 12			
	12b.	The result is your annual income for this part	of the form.	12b. \$42,024.00			
13.	Calcu	alculate the median family income that applies to you. Follow these steps:					
	Fill in t	the state in which you live.	Texas				
	Fill in t	the number of people in your household.	4				
	Fill in the median family income for your state and size of household						
		d a list of applicable median income amounts, ctions for this form. This list may also be avai	• • •	•			
14.	How o	ow do the lines compare?					
	14a.	4a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abu</i> Go to Part 3.					
	14b.	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.					
P	art 3:	Sign Below					
		- 3					
	By si	igning here, I declare under penalty of perjury	that the information on this s	tatement and in any attachments is true and correct.			
	χ /s/ William S. Martin χ /s/ Jennifer A. Martin						
William S. Martin, Debtor 1 Jennifer A. Martin, Debtor 2							
	D	Date 6/20/2019	Dat	e <u>6/20/2019</u>			
		MM / DD / YYYY		MM / DD / YYYY			
	If you	u checked line 14a, do NOT fill out or file Forr	n 122A-2.				

If you checked line 14b, fill out Form 122A-2 and file it with this form.